

08-26-2002



OVER SHEET



102201231

TRADEMARK ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or c

08-14-2002

U.S. Patent & TMO/TM Mail Rcpt Dt. #26

Submission Type

- New 8-14-02
- Resubmission (Non-Recordation)
Document ID# _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assign.
Effective Date _____
Month Day Year
- Merger
- Change of Name
- Other: _____

Conveying Party

Mark if additional names of conveying parties attached

Name: NeoSan Pharmaceuticals Inc.

Execution Date

06/23/2002

Month Day Year

Formerly: _____

- Individual General Partnership Limited Partnership Corporation Association

Other: _____

Citizenship/State of Incorporation/Organization: Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name: aaiPHARMA LLC

DBA/AKA/TA: _____

Composed of: _____

Address (line 1): 2320 Scientific Park Drive

Address (line 2): _____

Address (line 3): Wilmington Delaware 28405

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the U.S., an appointment of a domestic representative should be attached (separate document from Assignment)
- Corporation Association
- Other: _____
- Citizenship/State of Incorporation/Organization: Delaware

08/26/2002 TDIAZ1 00000002 78112668

For Office Use Only

01 FC:481 40.00 DP
02 FC:482 25.00 DP

Rec'd. Reg. 08/26/2002 TDIAZ1 08:45:50
Name/Number: 78112668 \$1500.00
FC: 704

K

Domestic Representative Name and Address

Enter for the First Receiving Party Only.

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

Correspondent Name and Address

Area Code and Telephone Number: 919-854-1400

Name: F. Michael Sajovec

Address: P.O. Box 37428

Address: _____

Address: _____

Address: Raleigh, NC 27627

Pages **Enter the total number of pages of the attached conveyance document including any attachments** # 3

Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached

Enter either the Application Number or the Registration Number (DO NOT ENTER BOTH)

Trademark Application Number(s):
78/112,668 78/112,671 _____

Registration Number(s):

Number of Properties Enter the total number of properties involved: # 2

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$80/00

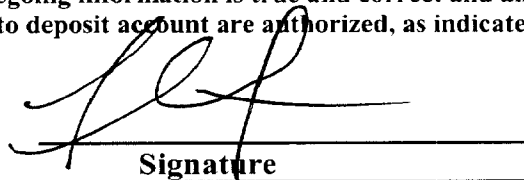
Method of Payment: Enclosed Deposit Account # 50-0220

Authorization to charge additional fees: Yes No

Statement of Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

F. Michael Sajovec
Name of Person Signing


Signature

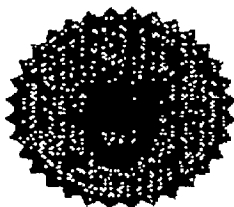
8-12-02
Date Signed

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "NEOSAN PHARMACEUTICALS INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "NEOSAN PHARMACEUTICALS INC." TO "AAIPHARMA LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2002, AT 8 O'CLOCK A.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3279258 8100V

AUTHENTICATION: 1858815

020420739

DATE: 06-28-02